

THE GEORGE
WASHINGTON
UNIVERSITY
WASHINGTON, DC

Office of the Registrar
REGISTRATION TRANSACTION FORM
<http://registrar.gwu.edu> • registrar@gwu.edu

Semester	Year
<input checked="" type="checkbox"/> Fall	2014
<input type="checkbox"/> Spring	
<input type="checkbox"/> Summer	

GWID	LAST NAME	FIRST NAME	EMAIL ADDRESS
641852462	JAFFEE	WILLIAM	wjjafee@gwu.edu

ADD

CRN	SUBJECT	COURSE NUMBER	SECTION	CREDITS	TITLE	GRADE MODE*	INSTRUCTOR SIGNATURE
87186	PMGT	6499	10	3.00	Thesis		


DROP or WITHDRAW (please circle one)

CRN	SUBJECT	COURSE NUMBER	SECTION	CREDITS	TITLE

TIME CONFLICT APPROVAL
<input type="checkbox"/> YES <input type="checkbox"/> NO

***GRADE MODE OPTIONS:**
 A = AUDIT
 C = LETTER GRADE
 P = PASS/NO PASS (undergraduates only)
 R = CREDIT/NO CREDIT (graduates only)

I request the above action be performed.

Student Signature:  Date: 8-20-14

AUTHORIZED SCHOOL OFFICIAL USE ONLY
<input type="checkbox"/> Prior to start of the semester OR Effective Date: ____ / ____ / ____ Signature: _____ Today's Date: _____